



Denise Juneau, Superintendent  
Montana Office of Public Instruction  
PO Box 202501  
Helena, Montana 59620-2501  
www.opi.mt.gov  
ATTN: Educator Licensure

## INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR CLASS 6 (SPECIALIST) LICENSE ENDORSED FOR *SCHOOL COUNSELOR*

Complete this form only if applying for a Class 6 Specialist License endorsed for School Counselor. If not, please discard.  
Recommending institution must have an NCATE accredited or state board approved professional educator preparation program.

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP

**TO THE APPLICANT:** This form must be sent to the Dean of Education of the college granting your professional degree or the college where you plan to complete professional requirements and must be accompanied by a complete set of official transcripts for the Dean's review. TRANSCRIPTS MUST BE ATTACHED TO THIS FORM to become part of the complete application.

**TO THE INSTITUTION:** (To be completed by the Dean of Education or other appropriate official.) Make your evaluation with reference to your own approved program in school counseling.

I hereby certify that \_\_\_\_\_  
(Name)

☐ has satisfactorily completed the approved graduate program requirements of this institution for K-12 school counselor to include a 600-hour internship in a school or school-related setting. \_\_\_\_\_  
(Number of hours in internship)

☐ has not yet completed the approved graduate program requirements of this institution for K-12 school counselor.

Signature:	Institution:		
Title:	Date:	Phone:	